

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As below named inventors, we hereby declare that:
Our residence, post office address and citizenship are as stated below under our names.

We believe that we are the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

DB, THE RECEPTOR FOR LEPTIN, NUCLEIC ACIDS ENCODING THE RECEPTOR, AND USES THEREOF

the Specification of which

☒ is attached hereto
☐ was filed on _____
as Application Serial No. _____
and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

We hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

<u>APPLICATION</u>	<u>PRIOR FILED APPLICATION(S)</u>	<u>PRIORITY</u>
<u>NUMBER</u>	<u>COUNTRY (DAY/MONTH/YEAR FILED)</u>	<u>CLAIMED</u>
N O N E		

We hereby claim the benefit under Title 35, United States Code, §120 of any United States application listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>APPLICATION</u>	<u>FILING DATE</u>	<u>STATUS - PATENTED, PENDING,</u>
<u>NO.</u>	<u>(DAY/MONTH/YEAR)</u>	<u>ABANDONED</u>
N O N E		

I hereby appoint as my attorneys or agents the following persons: Jack Matalon (Attorney, Registration No. 22,441); Stefan J. Klauber (Attorney, Registration No. 22,604); David A. Jackson (Attorney, Registration No. 26,742); Barbara L. Renda (Attorney, Registration No. 27,626); Paul F. Fehlner (Attorney, Registration No. 35,135), and Joseph M. Homa (Attorney, Registration No. P40023), said attorneys or agents with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

DAVID A. JACKSON, ESQ.
KLAUBER & JACKSON
411 HACKENSACK AVENUE
HACKENSACK, NEW JERSEY 07601

Direct all telephone calls to David A. Jackson at (201) 487-5800.

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST INVENTOR: JEFFREY M. FRIEDMAN
RESIDENCE: 500 East 63rd Street
Apt. 17B
New York, New York 10021;
COUNTRY OF CITIZENSHIP: UNITED STATES OF AMERICA
POST OFFICE ADDRESS: Same

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF SECOND JOINT INVENTOR: GWO-HUA LEE,

RESIDENCE: c/o The Rockefeller University
1230 York Avenue
New York, New York 10021-6399

COUNTRY OF CITIZENSHIP: _____
POST OFFICE ADDRESS: Same

SIGNATURE OF INVENTOR _____

DATE _____

Docket No. 600-1-162CP1

FULL NAME OF THIRD JOINT INVENTOR: RICARDO PROENCA

RESIDENCE: 26-62 30th Street
Astoria, New York 11102

COUNTRY OF CITIZENSHIP: UNITED STATES OF AMERICA

POST OFFICE ADDRESS: Same

SIGNATURE OF INVENTOR _____

DATE _____